United States District Court

for the

Western District of Pennsylvania

Pittsburgh Division

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TATMICK LEWIS	
Plaintiff(s)	,

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Case No.

Office) (to be filled in by the Clerk)

Jury Trial: (check one)

JAN 1 8 2023

CLERK, U.S. DISTRICT COURT FOR THE WESTERN DISTRICT OF PENNSYLVANIA

COMPLAINT FOR EMPLOYMENT DISCRIMINATION

The Parties to This Complaint I.

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address

В. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A.	The discriminatory conduct of which I complain in this action includes (check all that apply):
	Failure to hire me. Termination of my employment. Failure to promote me. Failure to accommodate my disability. Unequal terms and conditions of my employment. Retaliation. Other acts (specify):
	(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)
B.	It is my best recollection that the alleged discriminatory acts occurred on date(s) $5/11/22$
C.	I believe that defendant(s) (check one): is/are still committing these acts against me. is/are not still committing these acts against me.
D	Defendant(s) discriminated against me based on my (check all that apply and explain): race color gender/sex religion national origin age (year of birth) disability or perceived disability (specify disability)
E.	The facts of my case are as follows. Attach additional pages if needed.

VI. Certification and Closing

В.

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case—related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

in the dismissal of my case.	
Date of signing: 1/17/23	!
Signature of Plaintiff	
Printed Name of Plaintiff PATRICK Lewis	
For Attorneys	
Date of signing:	
Signature of Attorney	
Printed Name of Attorney	
Bar Number	
Name of Law Firm	į
Street Address	
State and Zip Code	
Telephone Number	
E-mail Address	1